



Affidavit of Spousal Health Care Coverage

An Employee's spouse who has access to health care that provides minimum value (as defined by the Affordable Care Act)* through their own employer is not eligible for enrollment in the Bradley University Health Plan, regardless of the cost to the spouse and regardless of whether the spouse has been offered an incentive to decline such coverage. The Bradley University Health Plan does not provide secondary coverage on a spouse who has primary coverage.

This allows the University to maintain affordable coverage for its employees, spouses who have no other health care choice, and dependent children. Please note that this only applies to Medical coverage; no other benefits are affected by this policy.

Employees who wish to cover their eligible spouse on the Bradley University Health Plan must complete the Spousal Affidavit below. If this affidavit is not signed and returned to Human Resources, the spouse will be considered ineligible and will not be enrolled on the Bradley University Health Plan.

TO BE COMPLETED BY BRADLEY UNIVERSITY EMPLOYEE

Name (please print): _____

Spouse's Name (please print): _____ Spouse's DOB: _____

My spouse is:

- Retired, Self-Employed or Unemployed ____
Note: A spouse is not self-employed if they receive a W-2
- Employed ____

TO BE COMPLETED BY SPOUSE'S EMPLOYER

Company Name: _____

Company Address: _____

- My employee **is** eligible for medical coverage through our organization.
- My employee **is not** eligible for medical coverage through our organization.

Reason not eligible: _____

Employer Representative Printed Name & Title: _____

Signature: _____

Phone Number: _____

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EMPLOYEE DECLARATION

I declare that all information above is true and correct to the best of my knowledge.

- *I understand that if my spouse's employer offers group health coverage and my spouse is eligible for that coverage, my spouse must enroll in their employer's plan regardless of any cost to my spouse or incentive to decline.*
- *I understand that if my spouse is eligible for but does not enroll in their employer's health plan, they will be ineligible for coverage as my dependent under the Bradley University Health Plan.*
- *I understand that my spouse's group health plan from their employer is their primary insurance plan and that the Bradley University Health Plan does not offer secondary spouse coverage.*
- *I understand that I must inform Bradley University of any changes in employment status of any dependents which may affect their eligibility under the plan, and that my failure to do so may result in the loss of coverage and repayment of any amounts paid on their behalf. If my spouse's employment &/or eligibility for health care coverage changes, I will notify Bradley University Human Resources immediately. I also understand that I may be required to provide further documentation in the event of a dependent eligibility audit.*

Bradley University Employee Signature (required): _____

Date: _____